

Foster Family Home - Corrective Action Report

Provider ID: 1-190063

Home Name: Mari Jean Ignacio, NA

Review ID: 1-190063-4

94-1076 Kahuanui Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/12/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 6/12/2021.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2, CG#3, and CG#4 were without evidenced of having conducted a monthly fire drill for the past 12 months.

Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- CG#1, CG#2, CG#3, and CG#4 were without evidence of having had specific instructions/training for Client #1's

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

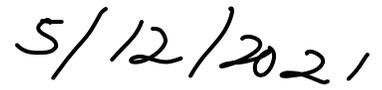
54.(c)(2)- No POA/Client signature present for Client #2's Service Plan dated 1/25/2021.



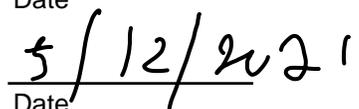
Compliance Manager



Primary Care Giver



Date



Date